

SOMERSET HEALTH AND WELLBEING BOARD

Minutes of a Meeting of the Somerset Health and Wellbeing Board held in the Luttrell Room, County Hall, Taunton, on Thursday 15 July 2021 at 11.00 am

Present: Cllr C Paul (Chair), Ed Ford (Vice-Chair), Cllr D Huxtable, Cllr L Vjeh, Cllr C Booth, Cllr J Keen, Cllr B Hamilton (Virtual), Trudi Grant, James Rimmer, Mel Lock (Virtual), Cllr Mike Best, Sup. Dickon Turner

Other Members present: Cllr M Chilcott, Cllr A Kendall and Cllr T Munt

Apologies for absence: Cllr F Nicholson, Julian Wooster and Dr Alex Murray

483 **Declarations of Interest** - Agenda Item 2

There were no new declarations.

484 **Minutes from the meeting held on 18 March 2021** - Agenda Item 3

The minutes were agreed without alteration.

485 **Public Question Time** - Agenda Item 4

There were no public questions.

486 **Integrated Care System** - Agenda Item 5

The Board had a verbal update on the Integrated Care System. The Health and Care Bill had its second reading on 15 July 2021 and is expected to be given Royal Assent in March 2022. The key change that this Bill will introduce an Integrated Care Partnership. This Partnership will establish an Integrated Care Board (ICB) which will sit alongside the Health and Wellbeing Board. The functions of the Integrated Care Board will replace those of the CCG with specific duties of commissioning services, NHS Consultation and reducing inequality. The Board will be based on collaboration and not competition. The Board was informed the following: -

Integrated Care Boards – Functions

An ICB has the function of arranging for the provision of services for the purposes of the health services in England

- Commissioning hospital and other health services
- Ambulance and nursing services

- Commissioning primary care services

Integrated Care Boards – Duties

A range of legal duties are set out including:

- Promotion of the NHS Constitution, choice, integration
- Improve quality of services, reducing inequalities
- Involvement of patient, public involvement and consultation
- Innovation and research

There is a five-year plan on how the ICB will discharge its functions and duties and the steps it will take to implement the Health and Wellbeing strategy (Improving Lives).

The Board discussed the proposals and agreed that collaboration and partnership has been the basis of all recent discussions and the progress made should not be lost in new developments. The Board wanted to know if the meetings of the new Integrated Care Board would be public, and it was confirmed they would be as being open and accountable would be a pre-requisite. There was a request that consideration should be given to allowing the meetings to be hybrid in nature to allow for more openness and accessibility.

The Somerset Health and Wellbeing Board noted and commented upon the proposals for the new Integrated Care System.

487 Safer Somerset Partnership Report - Agenda Item 6

The Board considered the annual report of the Somerset Safer Partnership. Thanks were given to Superintendent Mike Prior who had been the lead officer for many years and has recently retired. He has been replaced by Superintendent Dickon Turner. The Safer Somerset Partnership (SSP) was developed in 2011/12 as a single county wide partnership for delivering duties under the Crime and Disorder Act (1998). This report introduces the Safer Somerset Partnership's latest Annual Report 2020-2021, its key activities and achievements for the year, the initiatives it supports through grant funds and its ambitions for the coming year.

Key achievements in the previous year include targeted communications activity on healthy teenage relationships and county lines, re-establishing the Hate Crime and Community Cohesion Partnership and overseeing the Serious violence strategy and delivery of this agenda via the Violence reduction unit. The Board was informed that 2020-2021 was an unprecedented year for the partnership regarding unexpected and highly impactful events. Coronavirus being one of these as well as a new legislation. The Annual Report described how the Partnership responded to these. Finally, the Annual report described

some workstreams that are already on the horizon which will be explored in 2021 and beyond. This includes embedding new legislative duties for serious violence and domestic abuse, improving the programme of Integrated Offender Management, and considering the future of the Somerset Violence Reduction Unit

The priorities for the Partnership are agreed in collaboration with the Office for the Police and Crime Commissioner and will be refreshed for 2022. These are:

- Protect people from the Harm of Domestic and Sexual Abuse,
- Identify and Prevent the Exploitation of Vulnerable People,
- Identify and Support those with Inequalities and vulnerabilities and offer support to improve health outcomes and reduce harm, and
- Meet the Statutory Duties and improve Partnership effectiveness

The Board discussed the report and raised questions in relation to modern slavery and the County Lines threat to vulnerable people.

The Somerset Health and Wellbeing Board was unable to endorse the recommendation as the meeting was not quorate for this item. The recommendation was to endorse the Safer Somerset Annual Report 2020-2021

488 **Improving Health and Care through the home in Somerset** - Agenda Item 7

The Board considered a report and presentation on Improving Lives and Care through the Home in Somerset. This report was a progress report on the Memorandum of Understanding. On the 17th of September 2020 the Somerset Health and Wellbeing Board adopted 'Improving Health and Care through the Home in Somerset – A Memorandum of Understanding'. The MoU contains five themes where enhanced collaboration was sought: -

- Complex homeless and rough sleepers, Independent living,
- Climate change,
- Nomadic and transient communities and
- Health Impact Assessments (HIA).

The Homeless Reduction Board is a vital element in delivering these changes. The arrangement in Cannonsgrove. Taunton is a pilot resulting from the Covid emergency and brought some very positive collaborative working. This is beginning to unravel now but the Homeless reduction Board is keen to use this to inform future developments. The MOU does not have enough about Climate Change explicitly set out and that is a change that must be made to ensure the commitment is fulfilled. The Government has made £2.6 million available to help with fuel poverty. There have been two new sites made available for Gypsy

and Traveller communities and these have a commitment to support with health issues and better liaison with Health Care Professionals.

The Board discussed the report and proposals. The following areas arose from that discussion. There was a question raised in relation to the £2.6 million and if there were specific outcomes expected. It was confirmed there were. It was suggested that these should be reported in a 'dashboard' style at a future meeting.

The end of the Furlough scheme amongst other changes expected soon such as the end of the suspension on evictions, the end of the uplift on Universal Credit was expected to increase the demand on services supporting those most impacted. It was agreed that these would have a negative impact on the prevent agenda and needed to be watched.

The Somerset Health and Wellbeing Board:

- **Received for information the content of the report and notes the progress made with delivering the MoU**
- **Endorsed the 'next steps' for each of the priority areas within the MOU - As the meeting was not quorate at this point, this will have to be considered at the next meeting.**
- **Endorsed the need to redraft the climate change priority to provide clarity of actions required and to bring this back to the Health and Wellbeing Board in September '21 for further consideration. As the meeting was not quorate, this too will have to go to the next meeting).**

489 **Performance Report and Scorecard** - Agenda Item 8

The Board had a report and presentation on the performance measures and actions proposed in relation to the Improving Lives Action Planning document and an indication of their status, either as a progress update or as a comparison to performance in other areas. There are 53 metrics, and each has been RAG rated against comparators. Some key areas were highlighted for discussion. They were: -

- **Carer's Survey.** The biennial Carers survey suggested a decline in outcomes for carers in Somerset. Carer reported quality of life dropped from 8.2 to 7.1 out of 12. The proportion of carers reporting that they had as much social contact as they would like has fallen from 45.4% to 25.1%. Overall satisfaction with social services has dropped from 40.4% to 31.1%. This is in line with the South West and England figures which have also shown drops in Carer reported quality of life (7.7 to 7.5 in England), a drop in proportion of carers reporting they had as much

social contact as they would like (32.3% to 28.9% in the South West and 35.5% to 31.2% in England).

- **Children's Health.** The percentage of children in reception, and in year 6, who are overweight or obese has increased in 2020 Somerset. For Reception this increase was seen across the South West but to a greater extent in Somerset moving from 22.0% in 2019 to 23.4% in 2020, the highest since 2014. This put Somerset above the South West average, the average of statistical neighbours and the England Average where Somerset were below comparators from 2016 to 2019. By year 6 the percentage overweight or obese was 31.8% in 2020, this is very similar to the South West and Statistical Neighbour averages. It is also the highest since 2014 but with a smaller range of difference to the reception figures. Interestingly the England average is much higher at 35.2%, this puts Somerset in the most positive quartile for the measure. Another point to highlight in Children's Health is the increase in Mental Health Admissions for 0 to 17-year olds. From 2016 Somerset has been above the averages for the South West, England and Statistical neighbours. The 2020 figures for Somerset show 139.4 per 100,000 admissions which although lower than the 153.6 figure the previous year, is still much higher than the South West at 114.7, Statistical Neighbours at 107.8 and England at 89.5.
- **Health, Climate and Housing** Somerset's CO2 emissions estimates from 2005 to 2018 show a reduction of 31.5% for the period. Whilst positive, this is a slightly lower reduction than the national average of 34.5% for the same period. The main drivers for this reduction in Somerset come from electricity generation where use of renewable energy sources is increasing, whilst coal and gas are decreasing. Looking at fuel poverty statistics shows Somerset as having 10.8% of families living in Fuel Poverty, the same as recorded in 2018 this is roughly equivalent with the South West average of 10.6% but better than the England average of 13.4%.

The Board discussed the report, and the following points were made: -

- There is a danger that the Covid pandemic will for the short term have a negative impact on the data and this must be tracked over the longer term to make any significant statistical changes,
- The Carers report noted above is an historic report and there have been some recent changes following a Carers workshop last year.
- The high proportion of Somerset residents living in fuel poverty is of great concern.

The Somerset Health and Wellbeing Board considered the report and

approved the format of the Scorecard – As the Board was not quorate at this point, this will have to go to the next meeting.

490 **Somerset Health and Wellbeing Board Work Programme** - Agenda Item 9

Members of the Board were encouraged to offer suggestions for the Forward Work Programme.

491 **Any other urgent items of business** - Agenda Item 10

There were no other items of business.

(The meeting ended at 1.04 pm)

CHAIR